

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 12-MAY-2016		TIME 04:13:00	2. ADDRESS OF OCCURRENCE 10341 S UNION AVE CHICAGO, IL 60628				3. LOCATION CODE 290	4. BEAT/OCCUR 2232		
MEMBER INVOLVED <input type="checkbox"/> DNA	5. POSITION 9161	6. LAST NAME QUINN	7. FIRST NAME PATRICK J	8. STAR NO. 19828	9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	10. RACE CODE WHI	11. AGE [REDACTED]	12. HT 511	13. WT 185	
	14. DATE OF APPT. 06-MAY-1996	15. EMPLOYEE NO [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 353 4665B	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No				
SUBJECT INFORMATION	20. LAST NAME ROBINSON		21. FIRST NAME KEVIN	22. M.I. [REDACTED]	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. 21-JAN-1985	26. HT. 600	27. WT. 150	
	28. ADDRESS 10341 S UNION AVE CHICAGO, IL 60628		29. TELEPHONE NO [REDACTED]	30. WAS SUBJECT ARMED? FIREARM - SEMI-AUTOMATIC <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				
REASON FOR USE OF FORCE (Check all that apply)	33. WHERE WAS MEDICAL TREATMENT OBTAINED? 34. BY WHOM? 35. CONDITION <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid									
	36. CHARGES PLACED [REDACTED]					37. CB NO. [REDACTED]	IR NO. [REDACTED]	DNA		
SUBJECT'S ACTIONS <input type="checkbox"/> DNA	PASSIVE RESISTER DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/> STIFFENED (DEAD WEIGHT) <input type="checkbox"/> OTHER _____		ACTIVE RESISTER FLED <input checked="" type="checkbox"/> PULLED AWAY <input type="checkbox"/> OTHER _____		ASSAULTANT: ASSAULT IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/> OTHER _____		ASSAULTANT: BATTERY ATTACK WITH WEAPON <input checked="" type="checkbox"/> ATTACK WITHOUT WEAPON <input type="checkbox"/> OTHER _____		ASSAULTANT: DEADLY FORCE USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input checked="" type="checkbox"/> WEAPON <input type="checkbox"/> OTHER _____	
	MEMBER'S RESPONSE <input type="checkbox"/> DNA	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input type="checkbox"/> ESCORT HOLDS <input type="checkbox"/> WRISTLOCK <input type="checkbox"/> ARMBAR <input type="checkbox"/> PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER _____		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input checked="" type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____
WEAPON DISCHARGE INCIDENT <input type="checkbox"/> DNA	39. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME) [REDACTED]			40. ADDITIONAL INFORMATION R/O INTRODUCED 40MM FERRET ROUNDS INTO THE 2ND FLOOR REAR WINDOWS. 2 ROUNDS IN EACH WINDOW, 6 TOTAL. R/O ALSO INTRODUCED 2 ROUNDS INTO THE 1ST FLOOR WINDOWS. 2 ROUNDS IN EACH, 4 TOTAL. R/O INTRODUCED 2 CANISTERS OF OC VAPOR INTO THE REAR BASEMENT WINDOW.						
CASE INFO.	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR					
	45. MAKE/MANUFACTURER [REDACTED]	46. MODEL [REDACTED]	47. BARREL LENGTH [REDACTED]	48. CALIBER/CAUCE [REDACTED]						
SIGNATURES	49. TASER DART ID NO. [REDACTED]	50. WEAPON SERIAL NO (Include Letters) [REDACTED]	51. CHICAGO GUN REG NO. [REDACTED]	52. IL FIREARM OWNER ID NO [REDACTED]	53. HANDGUN CERTIFICATE NO [REDACTED]					
	54. SPECIAL WEAPON CERTIFICATE NO. [REDACTED]	55. PROPERTY INVENTORY NO. [REDACTED]	56. TYPE OF AMMUNITION USED [REDACTED]	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER 2	58. TOTAL NO. OF SHOTS MEMBER FIRED [REDACTED]					
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input checked="" type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO	61. NO. OF CARTRIDGES/SHOT SHELLS RELOADED [REDACTED]	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)	63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
64. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		65. SPECIFY METHOD/EQUIPMENT USED TO RELOAD			66. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT <input type="checkbox"/> 02 05 - 10 FT <input type="checkbox"/> 03 10 - 15 FT <input type="checkbox"/> 04 OVER 15 FT					
67. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC)		68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN			69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY) [REDACTED]					
70. EVENT NO 1613301597										
71. R.D. NO HZ261658										
Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.										
72. NOTIFICATIONS (OC OR TASER INCIDENT): <input checked="" type="checkbox"/> OEMC <input checked="" type="checkbox"/> DSS & LT./DIST. OF OCCUR.		73. REPORTING MEMBER (Print Name) QUINN, PATRICK J 12-MAY-2016 19:56:36		STAR/EMPLOYEE NO 19828		SIGNATURE [REDACTED]				
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.										
74. REVIEWING SUPERVISOR (Print Name) LAMB JR, THOMAS R		STAR NO 1925		SIGNATURE [REDACTED]		DATE REVIEWED 12-MAY-2016 19:57:22	TIME [REDACTED]			

WEAPON DISCHARGE INCIDENT

39. <input type="checkbox"/> DNA	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN	42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input checked="" type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR
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				70. EVENT NO. 1613301597

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				70. EVENT NO. 1613301597

LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER, 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

INTERVIEW NOT CONDUCTED (Specify Reason)

Offender is deceased.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

Based on the information known at this time the officers actions were in compliance with Department policies and procedures.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS
WERE IN COMPLIANCE WITH DEPARTMENT
PROCEDURES AND DIRECTIVES

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED

LOG NO /CRNO 1080505 OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

GEORGAS, STEVE E

SIGNATURE

DATE COMPLETED

TIME

12-MAY-2016 19:58:58

79. TOTAL TRR's THIS EVENT No